

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
09 802 464

FILING DATE  
03-09-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2													
TOTAL DEP.	4													
TOTAL CLAIMS	6													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS